

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

17  
AUG 14 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

23600

1. PLACE OF BIRTH

County Carrroll  
Township Rockford  
City Brunswick (No. ....)

Registration District No. 134  
Primary Registration District No. 5787

File No. ....  
Registered No. 12  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward 6  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Gerry  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1848  
8. AGE YEARS 86 MONTHS 15 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
11. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James Dash  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Elizabeth Willis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) John Perry Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wharton DATE July 8 34

19. UNDERTAKER (ADDRESS) Haris K. Lygand Brunswick Mo

20. FILED July 7 19 34 Mrs. Boss Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to June 6 1934  
I last saw him alive on June 5 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Heart Failure Date of onset 13 1 1934

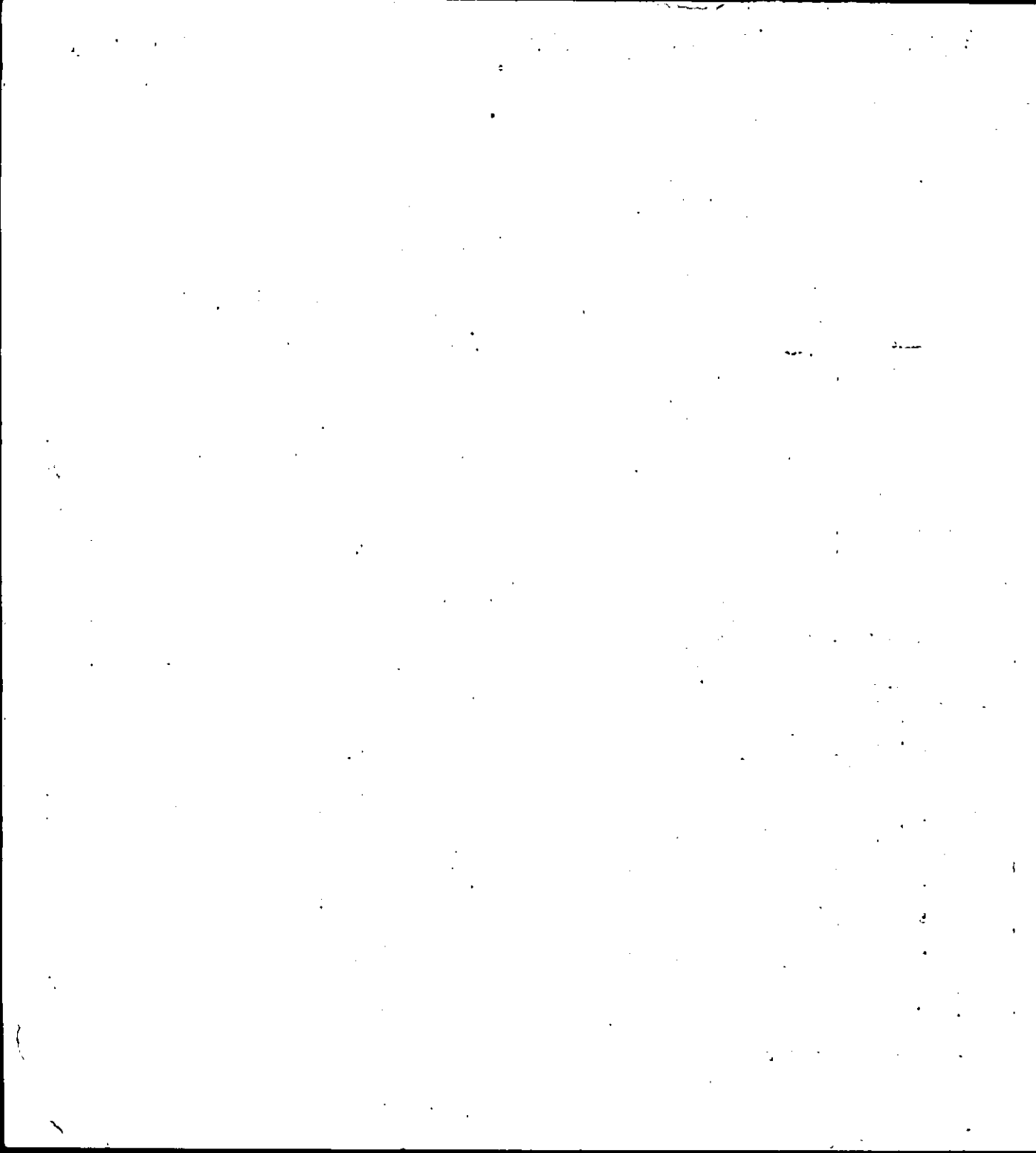
Other contributory causes of importance: Phthisis

Name of operation Blues Date of operation 8 1 34  
What test confirmed diagnosis? Blues Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury .... 19 ..  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....  
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Alfred Brown M. D.  
(Address) Brunswick Mo



#2 *Carroll*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

12

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Sarah C Perry  
Who died at \_\_\_\_\_ on July - 6 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 86 Months \_\_\_\_\_ Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Heart Failure Myocarditis Chronic

Other contributory causes of importance Nephritis Chronic **131**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician Mrs. Ross Brown

Signature of Registrar \_\_\_\_\_ Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. dist. No. 134

Very truly yours,

Primary Reg. Dist. No. 5787

*E. T. McGaugh M.D.*

Special Agent.